

**OFFICE OF STATE EXAMINER
OF THE LOUISIANA MUNICIPAL FIRE AND POLICE
CIVIL SERVICE SYSTEM
APPLICATION FOR *REGIONAL TESTING***

☎ APPLICATION DEADLINE IS MARCH 3, 2008 ☎

PLEASE PRINT

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1. NAME:

___ Mr.

___ Ms.

___ Mrs.

LAST

FIRST

MIDDLE

SOCIAL SECURITY NUMBER: _____

2. CURRENT MAILING ADDRESS: _____
ADDRESS

CITY

STATE

ZIP

3. PHONE NUMBER: _____

4. EMAIL ADDRESS: _____

5. SIGN YOUR NAME HERE TO CERTIFY THAT YOU ARE A CITIZEN OF THE UNITED STATES AND OF LEGAL AGE (at least 18 yrs. old): _____

6. EXAM YOU WISH TO TAKE: (please check)

FIREFIGHTER

☐

POLICE OFFICER

☐

FIRE COMMUNICATIONS OFFICER

☐

POLICE COMMUNICATIONS OFFICER

☐

SPECIAL NOTE: The Office of State Examiner will not verify that applicants meet any specific qualification requirements. You will, however, be required to self-certify that you are a citizen of the United States, and of legal age. Within four (4) weeks after you have taken the examination, you will receive a notification letter with your unapproved test score from the Office of State Examiner. Please keep this notification for your files as the Office of State Examiner will not issue duplicate copies. You may then present a copy of your notification letter and a completed application (separate form) to each local civil service board where you wish to be considered for employment.

The local civil service board in each jurisdiction in which you wish to be hired must determine if you meet its local requirements in order to certify your name and score to the appointing authority. Each local civil service board will require you to complete a separate application form and attach necessary documentation to verify that you meet the requirements of their jurisdiction to be certified for appointment. This procedure *must* be followed. The Office of State Examiner will not forward applications to civil service boards and cannot certify your name and score to appointing authorities.

A passing score on the competitive entrance test is not a guarantee of employment!

I hereby certify that this application contains no misrepresentations or falsifications and that the information given by me is true and complete to the best of my knowledge and belief. I am aware that should an investigation at any time disclose any such misrepresentation or falsification, **my application may be rejected by the local civil service board, my name may be removed from the competitive employment list, and I may be dismissed from the service.**

DATE: _____

APPLICANT'S SIGNATURE: _____

Completed application forms must be returned to the Office of State Examiner **by mail at 8550 United Plaza Blvd., Suite 901, Baton Rouge, LA 70809 NO LATER THAN MARCH 3, 2008** or **by fax at (225) 925-4567**. Applicants will be notified of the exact date, time, and place of the examination at least five (5) days prior to the examination date.

